

Application No.: 10/511529

Docket No.: 05587-00371-US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Patent Application of:  
Meinhard Gusik et al.

Conf. No.: N/A

Application No.: 10/511529

Group Art Unit: N/A

Filed: October 15, 2004

Examiner: Not Yet Assigned

For: FILLED PELLETIZED MATERIALS MADE  
FROM HIGH- OR ULTRAHIGH-  
MOLECULAR-WEIGHT POLYETHYLENES  
AND PROCESS FOR THEIR PRODUCTION**TRANSMITTAL OF MISSING REQUIREMENTS**MS PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

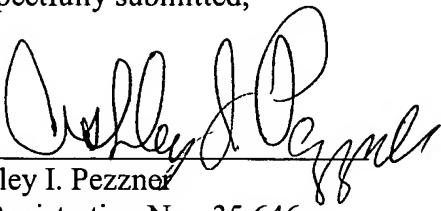
Applicant encloses herewith the executed Combined Declaration And Power Of Attorney for this application.

Applicant has not received a Notification Of Missing Requirements for this application.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the fee set forth in 37 CFR 1.16(e). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper

hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 05587-00371-US.

Respectfully submitted,

By   
Ashley I. Pezzner

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# FEE TRANSMITTAL

## for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 130.00)**Complete if Known**

Application Number	10/511529
Filing Date	October 15, 2004
First Named Inventor	Meinhard Gusik
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	05587-00371-US

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number **03-2775**  
 Deposit Account Name **Connolly Bove Lodge & Hutz LLP**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			

**SUBTOTAL (1) (\$ 0.00)****2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Extra Claims Fee from below Fee Paid  
 Total Claims  -\*\* =  x  =   
 Independent Claims  -\*\* =  x  =   
 Multiple Dependent  =

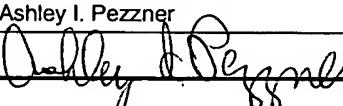
Large Entity	Small Entity	Fee Description
Fee Code	Fee (\$)	Fee Code
1202	18	2202 9 Claims in excess of 20
1201	88	2201 44 Independent claims in excess of 3
1203	300	2203 150 Multiple dependent claim, if not paid
1204	88	2204 44 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0.00)**

\*\* or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$ 130.00)****SUBMITTED BY**

(Complete if applicable)

Name (Print/Type)	Ashley I. Pezzner	Registration No. (Attorney/Agent)	35,646	Telephone	(302) 658-9141
Signature				Date	10/15/04

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV473534894US in an envelope addressed to:

MS PCT  
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on November 15, 2004  
Date

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Signature

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J. Lynn Ferry  
Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Of Missing Requirements  
Combined Declaration and Power of Attorney  
Fee Transmittal  
Charge \$130.00 to deposit account 03-2775